USA/PCT

CERTIFIED COPIES INCL.

## ARATION AND POWER OF ATTORN

As a below named inventor, I hereby declare that:

- My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
- I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is ought on the invention entitled: ADHESIVELY BONDED VALVE COVER CYLINDER HEAD ASSEMBLY

the specification of which: 🔲

APR 2 2 2002

is attached hereto (\_ (check one)

was filed on January 17, 2002 as (44563A). Application No. 10/051,417

and was amended on

tate that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

wowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to atentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S) PRIORITY CLAIMED Day/Month/Year Filed Number Country or PCT 

Filing Date

January 18, 2001

Additional claims for benefit are attached.

(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed

60/262,570 Additional claims for benefit are attached.

US or PCT Appln. Serial No.

<u>Abandoned</u>

Status at Application Filing Date

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to The Dow Chemical Company's appointed counsel at:



This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: Midland, Michigan 48674

this <u>if</u> day of

2002

Signature

Full Name:

Bart R. Jones

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Midland, Michigan 48640

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2002

Signature:

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day of March

Signature:

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Page two of two

**Docket Ref.:** 44563A

## Additional names, addresses and signatures to be attached to Form No. 1000 Entitled: DECLARATION AND POWER OF ATTORNEY

At: Auburn Hills, Michigan 48326, USA this 19 day of February, 2002	At: day of
X (   1/	.
Signature: W S	Signature:
Full Name: David W. Recktenwald	Full Name:
Residence: 2697 Ripple Court	Residence:
City, State, Zip: White Lake, Michigan 48383	City, State, Zip:
Country: United States of America	Country:
Citizenship: United States of America	Citizenship:
P. O. Address: Same as Residence	P. O. Address:
At: day of, 20	At:
this, 20	At: day of
Signature:	Signature:
Full Name:	Full Name:
Residence:	Residence:
City, State, Zip:	City, State, Zip:
Country:	Country:
Citizenship:	Citizenship:
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